

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 9  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00448696       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Staples</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 09 / 2015</div> </div>		
Mailing Address US Route 1			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">32.67</div>		
City Alexandria	State VA	Zip Code 22314-0000	<b>Transaction ID : E90587281BFF0498182C</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 17 / 2015</div> </div>		
Purpose of Expenditure IE-Lee-Postage		Category/ Type	Name of Federal Candidate Mike Lee		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">115989.63</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <u>UT</u>		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		2016			

Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2015</div> </div>		
Mailing Address PO Box 388			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">96.00</div>		
City Alexandria	State VA	Zip Code 22313-0388	<b>Transaction ID : EE75977132D0F4C0AAAB</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 12 / 2015</div> </div>		
Purpose of Expenditure IE-Lee-Donation Processing		Category/ Type	Name of Federal Candidate Mike Lee		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">116085.63</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <u>UT</u>		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		2016			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">128.67</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Kilgore*

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Date

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12 / 01 / 2015

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 19 / 2015	
Mailing Address PO Box 388			Amount <span style="border: 1px solid black; padding: 2px;">11.25</span>	
City Alexandria	State VA	Zip Code 22313-0388	Transaction ID : E8B751948D612454B8F6	
Purpose of Expenditure IE-Lee-Donation Processing		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 19 / 2015	
Name of Federal Candidate Mike Lee		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: UT	
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">116096.88</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 26 / 2015	
Mailing Address PO Box 388			Amount <span style="border: 1px solid black; padding: 2px;">494.75</span>	
City Alexandria	State VA	Zip Code 22313-0388	Transaction ID : ED236E779EDB8478983C	
Purpose of Expenditure IE-Lee-Donation Processing		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 26 / 2015	
Name of Federal Candidate Mike Lee		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: UT	
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">116591.63</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">506.00</span>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) TOTAL Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Kilgore

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Date

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12 / 01 / 2015

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 30 / 2015</b>	
Mailing Address <b>PO Box 388</b>			Amount <b>441.75</b>	
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313-0388</b>	Transaction ID : <b>E5F764440DFE84B6E84F</b>	
Purpose of Expenditure <b>IE-Lee-Donation Processing</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 30 / 2015</b>	
Name of Federal Candidate <b>Mike Lee</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>UT</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>117033.38</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 03 / 2015</b>	
Mailing Address <b>PO Box 388</b>			Amount <b>41.25</b>	
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313-0388</b>	Transaction ID : <b>E02CE67CE4D9A49ABBF</b>	
Purpose of Expenditure <b>IE-Lee-Donation Processing</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 03 / 2015</b>	
Name of Federal Candidate <b>Mike Lee</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>UT</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>117074.63</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>483.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Kilgore

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 4 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>U.S. Postal Service</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	
Mailing Address <b>475 Lenfant Plz SW</b>			Amount <span style="border: 1px solid black; padding: 2px;">400.00</span>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20260-0004</b>	Transaction ID : <b>EC9DF886348584673A22</b>	
Purpose of Expenditure <b>IE-Lee-Postage</b>		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">08</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	
Name of Federal Candidate <b>Mike Lee</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>UT</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">117474.63</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	
Mailing Address <b>PO Box 388</b>			Amount <span style="border: 1px solid black; padding: 2px;">15.25</span>	
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313-0388</b>	Transaction ID : <b>EE0729BBEE3E2426A9AF</b>	
Purpose of Expenditure <b>IE-Lee-Donation Processing</b>		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	
Name of Federal Candidate <b>Mike Lee</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>UT</b>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">117489.88</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">415.25</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Kilgore

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 5 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 17 / 2015</b>		
Mailing Address <b>PO Box 388</b>			Amount <b>18.25</b>		
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313-0388</b>	Transaction ID : <b>EBE50F8FBD2C6454DB0E</b>		
Purpose of Expenditure <b>IE-Lee-Donation Processing</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 17 / 2015</b>		
Name of Federal Candidate <b>Mike Lee</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>UT</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>117508.13</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 24 / 2015</b>		
Mailing Address <b>PO Box 388</b>			Amount <b>17.25</b>		
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313-0388</b>	Transaction ID : <b>E1B3D858EE9B8492A979</b>		
Purpose of Expenditure <b>IE-Lee-Donation Processing</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 24 / 2015</b>		
Name of Federal Candidate <b>Mike Lee</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>UT</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>117525.38</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>35.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Kilgore**[Electronically Filed]*

Date

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 6 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 31 / 2015</b>		
Mailing Address <b>PO Box 388</b>			Amount <b>4.75</b>		
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313-0388</b>	Transaction ID : <b>E1D8B07CECA4141A5A7A</b>		
Purpose of Expenditure <b>IE-Lee-Donation Processing</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 31 / 2015</b>		
Name of Federal Candidate <b>Mike Lee</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>UT</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>117530.13</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 07 / 2015</b>		
Mailing Address <b>PO Box 388</b>			Amount <b>29.75</b>		
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313-0388</b>	Transaction ID : <b>EDA536C86B6E94069BA8</b>		
Purpose of Expenditure <b>IE-Lee-Donation Processing</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 07 / 2015</b>		
Name of Federal Candidate <b>Mike Lee</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>UT</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>117559.88</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>34.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Kilgore**[Electronically Filed]*

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 7 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 14 / 2015</b>		
Mailing Address <b>PO Box 388</b>			Amount <b>32.50</b>		
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313-0388</b>	Transaction ID : <b>E266A88C73EF44A83889</b>		
Purpose of Expenditure <b>IE-Lee-Donation Processing</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 14 / 2015</b>		
Name of Federal Candidate <b>Mike Lee</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>UT</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>117592.38</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 21 / 2015</b>		
Mailing Address <b>PO Box 388</b>			Amount <b>78.05</b>		
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313-0388</b>	Transaction ID : <b>EC6E8AF993E3247C1A62</b>		
Purpose of Expenditure <b>IE-Lee-Donation Processing</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 21 / 2015</b>		
Name of Federal Candidate <b>Mike Lee</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>UT</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>117670.43</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>110.55</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Kilgore

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 8 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Staples</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 27 / 2015</b>		
Mailing Address <b>US Route 1</b>			Amount <b>137.67</b>		
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22314-0000</b>	Transaction ID : <b>E747755723D82497DB4D</b>		
Purpose of Expenditure <b>IE-Lee-Printing</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 24 / 2015</b>		
Name of Federal Candidate <b>Mike Lee</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>UT</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>118136.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>U.S. Postal Service</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 27 / 2015</b>		
Mailing Address <b>475 Lenfant Plz SW</b>			Amount <b>327.90</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20260-0004</b>	Transaction ID : <b>E596D0116581E423D8F6</b>		
Purpose of Expenditure <b>IE-Lee-Postagea</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 24 / 2015</b>		
Name of Federal Candidate <b>Mike Lee</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>UT</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>118136.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>465.57</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Kilgore**[Electronically Filed]*

Date

MM / DD / YYYY  
**12 / 01 / 2015**

Signature



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 9 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Envision Printers/Marketing</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 30 / 2015</b>		
Mailing Address <b>2 Riverbend Pkwy</b>			Amount <b>13931.80</b>		
City <b>Leesburg</b>	State <b>VA</b>	Zip Code <b>20176-0000</b>	Transaction ID : <b>ECC89F19058C84ABA86B</b>		
Purpose of Expenditure <b>IE-Lee-Direct Mail Production</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>12 / 01 / 2015</b>		
Name of Federal Candidate <b>Mike Lee</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>UT</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>132078.30</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 30 / 2015</b>		
Mailing Address <b>PO Box 388</b>			Amount <b>10.50</b>		
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313-0388</b>	Transaction ID : <b>E29189C949B6B4400A37</b>		
Purpose of Expenditure <b>IE-Lee-Donation Processing</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 30 / 2015</b>		
Name of Federal Candidate <b>Mike Lee</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>UT</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>132078.30</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>13942.30</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>16121.34</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Kilgore

[Electronically Filed]

Date

MM / DD / YYYY  
**12 / 01 / 2015**

Signature